In this Authorization, the words “I”, “me”, and “my” means each Account Owner named below, jointly and singly.

Means the terms apply to this Authorization.

**I authorize 100 Who Care of Iowa County to initiate debits, and any credits necessary to correct errors, to complete the following payments from my account at the “Depository” (named below):**

**Company or Personal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Description: Donation**

**Payment Amount: $150.00.** This amount is fixed and will not change.

**Frequency: May 1st and October 1st of each year.** If a transfer date is a non-processing day for the Depository, I agree the transfer will then be made on the first processing day **after** the scheduled payment date. I agree.

**Authorization Type:** NewChange(replaces a previous authorization)

**Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Termination Date:** Upon written or email correspondence with 100 Who Care of Iowa County, no later than 7 days prior to scheduled payment.

**Depository Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_**

**Routing No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (***Voided check/draft/deposit slip* *attached*.)

**Account No.:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Checking

I understand this authorization will remain in full force and effect until the termination date stated above, if box is checked and date entered, or until 100 Who Care of Iowa County has received written notification from me of its termination in such time and in such manner as to afford 100 Who Care of Iowa County a reasonable opportunity to act on it. I understand.

**My account will remain subject to its original terms and conditions, which are not modified by this authorization. I acknowledge that the origination of these transactions must comply with the provisions of U.S. law.**

**Account Owner Account Owner**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Date